



CITY OF LONG BEACH

DEPARTMENT OF HEALTH & HUMAN SERVICES

ANIMAL CARE SERVICES BUREAU

7700 E. SPRING ST * LONG BEACH, CA 90815 * 562-570-7387 FAX 562-570-3053

PUBLIC RECORDS ACT REQUEST

Name of person requesting information: (Print) _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Specific information requested: _____

Purpose of information requested: _____

Date and location of incident: _____

I understand that the City has 10 working days to provide the information requested, if the requested information is to be released. I understand that a charge set by the City may be made by the City for the costs of providing the requested information.

Signed: _____ Date: _____

Request received by: _____ Date: _____

Forwarded to the City Attorney: Yes: ____ No: ____ Date: _____

Comments: _____
